

Researchers find screenings for social determinants of health need to be tailored to clinics

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Study of community health centers in Boston finds great deal of variation in practice, as well as in provider and staff opinions about what

helps or hinders the process.

An estimated 70 percent of the variation in healthcare outcomes is attributable to social determinants—but it is only in recent years that healthcare settings have begun formally looking at these factors to better understand and treat patients. A new study co-authored by Boston University School of Public Health (BUSPH) researchers and published in the *Journal of the American Board of Family Medicine* finds that these social determinant [screening](#) systems need to be tailored to individual clinics.

"There was little agreement about whether provider perspectives, work flow, prior experience, site resources and staffing, and sustainability were barriers or facilitators for implementing the screening, because they were all seen as barriers and facilitators depending on the respondent," says study senior author Dr. Mari-Lynn Drainoni, research professor of health law, policy & management at BUSPH. "This suggests that tailoring processes and including staff and providers in implementation decisions may overcome issues with time, work flow, and knowledge."

For the mixed-methods study, the researchers looked at the social-risk screening practices at 13 Center for Community Health Education Research and Service (CCHERS) Boston community health centers. They analyzed all of the screening materials from the 13 centers, and conducted [focus groups](#) with nine physicians, three nurses, and 14 medical assistants from three centers that had participated in a pilot screening and referral program.

They found that, while all of the community health centers were screening for [social determinants](#), they were not all screening for the same ones, or screening for the same determinants in their adult patients and in pediatric patients. The average [health](#) center only screened for 8

of the 16 domains in the pilot's standardized screening, and housing was the only domain included in the screenings of all 13 centers.

The authors noted that perspectives in the focus groups mostly differed from center to center, rather than between providers and staff.

More information: Elena Byhoff et al, Provider and Staff Feedback on Screening for Social and Behavioral Determinants of Health for Pediatric Patients, *The Journal of the American Board of Family Medicine* (2019). [DOI: 10.3122/jabfm.2019.03.180276](https://doi.org/10.3122/jabfm.2019.03.180276)

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